

DECLARATION AND POWER OF ATTORNEY FOR UNITED STATES PATENT APPLICATION

☒ Original

☐ Supplemental

☐ Substitute

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if more than one name is listed below) of the subject matter which is claimed and for which a United States patent is sought on the invention entitled

USE OF SPHINGOSINE-1-PHOSPHATE (S1P) RECEPTOR AGONISTS FOR THE TREATMENT OF BRAIN DEGENERATIVE DISEASES

the specification of which:

☐ is attached hereto.

☐ was filed on _____ as Application No. _____
(day/month/year)

and, if this box (☐) contains an ✕

☐ was amended on _____
(day/month/year)

☒ was filed as Patent Cooperation Treaty international Application No.

PCT/EP 2004/014436 on 17.12.2004
(day/month/year)

and, if this box (☐) contains an ✕

☐ entered the national stage in the United States and was accorded Application No. _____

and, if this box (☐) contains an ✕

☐ was amended, subsequent to entry into the national stage, on _____
(day/month/year)

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment(s) specifically referred to above and, if this application was filed as a Patent Cooperation Treaty international application, by any amendments made during the international stage (including any made under Patent Cooperation Treaty Rule 91, Article 19 and Article 34).

I acknowledge my duty to disclose information which is material to patentability as defined in 37 C.F.R. 1.56, including, for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or Patent Cooperation Treaty international filing date of the continuation-in-part application.

I hereby claim the benefit under 35 U.S.C. 119(a)-(d) or (f) or 365(b) of any foreign application(s) for patent, inventor's certificate or plant breeder's right certificate listed below and under 35 U.S.C. 365(a) of any Patent Cooperation Treaty international application(s) designating at least one country other than the United States listed below and have also listed below any foreign application(s) for patent, inventor's certificate or plant breeder's right certificate and Patent Cooperation Treaty international application(s) designating at least one country other than the United States for the same subject matter and having a filing date before that of the application the priority of which is claimed for that subject matter:

COUNTRY/REGION (OR P.C.T.)	APPLICATION No.	FILING DATE (day/month/year)	PRIORITY CLAIMED	
Great Britain	0329498.0	19.12.2003	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below:

APPLICATION NO.	FILING DATE (day/month/year)
-----------------	---------------------------------

I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s) listed below and under 35 U.S.C. 365(c) of any Patent Cooperation Treaty international application(s) designating the United States listed below:

United States Application No.	United States Filing Date (day/month/year)	Status (Pending, Abandoned or U.S. Patent No.)	International Application No. and Filing Date (day/month/year)
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I hereby appoint all of the registered practitioners associated with Customer No. 001095, respectively and individually, as my attorneys and agents, with full power of substitution and revocation, to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

If this box (☐) contains an x ☒, I hereby authorize the registered practitioners associated with Customer No. 001095 and any others acting on my behalf to take any action relating to this application based on communications from Corporate Intellectual Property of Novartis International AG, Basle, Switzerland, or an affiliate thereof or a successor thereto, without direct communication from me.

Please send all correspondence relating to this application to the address associated with Customer No. 001095.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Full name of sole
or first joint inventor **Volker BRINKMANN**

Inventor's signature _____ Date _____
(day/month/year)

Residence **79102 Freiburg, Germany**

Citizenship **Germany**

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79102 Freiburg
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Full name of second
joint inventor, if any **Nicole KANEIDER**

Inventor's signature _____ Date _____
(day/month/year)

Residence **6020 Innsbruck, Austria**

Citizenship **Austria**

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Austria**

IMPORTANT: Before this declaration is signed, the patent application (the specification, the claims and this declaration) must be read and understood by each person signing it, and no changes may be made in the application after this declaration has been signed.

Full name of third joint inventor, if any **Christian J. WIEDERMANN**

Inventor's signature _____ Date _____
(day/month/year)

Residence **6020 Innsbruck, Austria**

Citizenship **Austria**

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Austria**

Full name of fourth joint inventor, if any

Inventor's signature _____ Date _____
(day/month/year)

Residence

Citizenship

Post Office Address

Full name of fifth joint inventor, if any

Inventor's signature _____ Date _____
(day/month/year)

Residence

Citizenship

Post Office Address